

☒ **REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

1/6

or

☐ **REPORT OF LOBBYING COALITION**

(2 Cal. Code of Regs. Section 18616.4)

**FORM 635**  
**1993**

**IMPORTANT:** Lobbying Coalitions must attach a completed Form 635-C to this Report.

**REPORT COVERS PERIOD FROM** 10/01/2020 **THROUGH** 12/31/2020

**CUMULATIVE PERIOD BEGINNING** 01/01/2019

**TYPE OR PRINT IN INK**

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

**FOR OFFICIAL USE ONLY**

**A**

**B**

NAME OF FILER:

CALIFORNIA ASSOCIATION OF HEALTH FACILITIES

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

SACRAMENTO

CA

95816

**PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD**

(See instructions on reverse.)

SEE ATTACHMENT A

☒ If more space is needed, check box and attach continuation sheets.

**SUMMARY OF PAYMENTS THIS PERIOD**

A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1) .....	\$	<u>64832.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) .....	\$	<u>72162.00</u>
C. Total Activity Expenses (Part III, Section C) .....	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D) .....	\$	<u>22805.00</u>

GRAND TOTAL (A + B + C + D above) .....	\$	<u>159799.00</u>
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E. Total Payments in Connection with PUC Activities (Part III, Section E) .....	\$	<u>0.00</u>
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F. Campaign Contributions: ☒ Part IV completed and attached ☐ No campaign contributions made this period

**VERIFICATION**

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)  
01/18/2021

At (City and State)  
SACRAMENTO, CA

By (Signature of Employer or Responsible Officer)  
RITA CHEN FUJISAWA

Name of Employer or Responsible Officer (Type or Print)  
RITA CHEN FUJISAWA

Title  
VICE PRESIDENT

PERIOD COVERED: 10/01/2020 12/31/2020NAME OF FILER: CALIFORNIA ASSOCIATION OF HEALTH FACILITIES**PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT** (See instructions on reverse.)

Name and Title	Name and Title
Employee AMY BLUMBERG JAMES LEGISLATIVE ADVOCATE	Employee JENNIFER BREEN LEGISLATIVE ADVOCATE
Employee PATTI OWENS LEGISLATIVE ADVOCATE	Employee JEFF SANDMAN LEGISLATIVE ADVOCATE

☐ If more space is needed, check box and attach continuation sheets.
**PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES**

A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.)	(1) Amount This Period	(2) Cumulative Total To Date
	\$ 64832.00	\$ 526803.53

**B. PAYMENTS TO LOBBYING FIRMS** (Including Individual Contract Lobbyists)

Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)	(4) Total This Period	(5) Cumulative Total to Date
CAPITOL ADVOCACY,LLC  SACRAMENTO CA 95814	72162.00	0.00	0.00	72162.00	546120.20

**TOTAL THIS PERIOD** (Column 4)Also enter the total of Column 4 on Line B of the  
Summary of Payments section on page 1.

\$ 72162.00

☐ If more space is needed, check box and attach  
continuation sheets

PERIOD COVERED: 10/01/2020 12/31/2020NAME OF FILER: CALIFORNIA ASSOCIATION OF HEALTH FACILITIES**C. ACTIVITY EXPENSES** (See instructions on reverse.)

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each	Description of Consideration	Total Amount of Activity
			\$	\$

☐ If more space is needed, check box and attach continuation sheets.

 TOTAL SECTION C (Activity Expenses)  
 Also enter the total of Section C on Line C of  
 the Summary of Payments section on page 1.

\$ 0.00

**D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION**
☒ NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead.

1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)

\$ 0.00

2. OTHER PAYMENTS

\$ 22805.00

 TOTAL SECTION  
 D (1 + 2) Also  
 enter the total of  
 Section D on Line  
 D of the Summary  
 of Payments  
 section on page 1.

\$ 22805.00

**E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION**

Also, enter the total of Section E on Line E of the Summary of Payments section on page 1. (See instructions on reverse.)

\$ 0.00

PERIOD COVERED: 10/01/2020 12/31/2020NAME OF FILER: CALIFORNIA ASSOCIATION OF HEALTH FACILITIES

**PART IV -- CAMPAIGN CONTRIBUTIONS MADE** (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which  
Has Filed A Campaign Disclosure Statement:

Identification Number if  
Recipient Committee: 741816

CA ASSN OF HEALTH FACILITIES PAC

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$



If more space is needed, check box and attach continuation sheets.

**NOTE:** Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

**Attachment Form 640**

(Attachment to Form 635 or Form 645)

CALIFORNIA  
1993 FORM**640**

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PERIOD COVERED: 10/01/2020--12/31/2020NAME OF FILER: CALIFORNIA ASSOCIATION OF HEALTH FACILITIES

**For Use By:** A state or local government agency that qualifies as a lobbyist employer or a \$5,000 filer. Refer to the instructions on the cover page before completing this attachment.

**Other Payments to Influence Legislative or Administrative Action:**

1. Total payments for overhead expenses related to lobbying activity. <u>Report as a lump sum.</u> .....	\$ 0.00
2. Total payments to Lobbying Coalitions. <u>Report as a lump sum.</u> ..... (Form 630 must be attached)	\$ 0.00
3. Total payments of less than \$250 during the calendar quarter for lobbying activity (excluding overhead). <u>Report as a lump sum.</u> .....	\$ 305.00
4. Total payments of more than \$250 during the calendar quarter for lobbying activity (excluding overhead). Such payments must be itemized below. ....	\$ 22500.00
5. Grand total of "Other Payments to Influence Legislative or Administrative Action." Also enter this total on the appropriate line of the Summary of Payments section on Page 1 of Form 635 or Form 645. ....	\$ 22805.00

Itemize below payments of \$250 or more made during the quarter for lobbying activity. Provide the name and address of the payee, the amount paid during the quarter, and the cumulative amount paid to the payee since January 1 of the biennial legislative session covered by the report.

Also itemize dues or similar payments of \$250 or more made to an organization that makes expenditures equal to 10% of its total expenditures or \$15,000 or more in a calendar quarter to influence legislative or administrative action. Provide the organization's name and address, the amount paid to the organization during the quarter, and the cumulative amount paid to the organization since January 1 of the biennial legislative session covered by the report.

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1
[C] - SPIKER RENDON CONSULTING	\$ 22500.00	\$ 45000.00
LOS ANGELES CA 90071		
	\$	\$
	\$	\$
Subtotal of all payments itemized above	\$ 22500.00	

☐ If more space is needed, check box and attach continuation sheets.

# TEXT ANNOTATION

PAGE 1

Schedule F635

Reference No: A

CA DEPARTMENT OF PUBLIC HEALTH,LEGISLATURE,GOVERNOR'S OFFICE RE: COVID-19 PANDEMIC SNF ISSUES,STAFFING I -  
SSUES: CA DEPARTMENT OF PUBLIC HEALTH RE: SB 1207 DISCUSSIONS,INTERMEDIATE CARE FACILITIES/DEVELOPMENTAL -  
LY DISABLES(ICF/DD) TESTING AND VISITATION,3.5 STAFFING AUDITS/APPEALS; DEPARTMENT OF FINANCE,CA DEPARTMENT  
OF HEALTH CARE SERVICES RE: ICF/DD FUNDING; CA DEPARTMENT OF PUBLIC HEALTH,CA DEPARTMENT OF HEALTH CARE -  
SERVICES RE: CERTIFIED NURSE ASSISTANT PROGRAM; LEGISLATURE,DEPARTMENT OF FINANCE,GOVERNOR'S OFFICE,CAL -  
IFORNIA LEGISLATIVE ANALYST'S OFFICE RE: BUDGET ISSUES FOR ICF/DDS AND PEDIATRIC SUB-ACUTE FACILITIES; LEGISL -  
ATURE,DEPARTMENT OF FINANCE,GOVERNOR'S OFFICE RE: EMPLOYMENT AND INDEPENDENT CONTRACTORS (AB 5); LEGI -  
SLATURE,CA DEPARTMENT OF PUBLIC HEALTH,GOVERNOR'S OFFICE RE: PERSONAL PROTECTIVE EQUIPMENT (PPE); CA D -  
EPARTMENT OF DEVELOPMENTAL SERVICES RE: DISCUSSIONS CONCERNING DAY PROGRAMS AND COVID-19 TESTING; LEG -  
ISLATURE,CA DEPARTMENT OF PUBLIC HEALTH,DEPARTMENT OF FINANCE,DEPARTMENT OF AGING,GOVERNOR'S OFFICE -  
RE: CANHR V. SMITH DECISION/EPPLE LAW; LEGISLATURE RE: COVID-19 PANDEMIC RELATED TO NURSING HOMES,MEDI-CAL  
FUNDING AND WORKFORCE SHORTAGES. CA DEPARTMENT OF HEALTH CARE SERVICES,CA HEALTH AND HUMAN SERVICES  
AGENCY,CA DEPARTMENT OF PUBLIC HEALTH RE: NURSING HOMES AND THE COVID-19 PANDEMIC